

## GUIDE TO JUNK DEALER LICENSES

Pursuant to Section 8-60 of the Somerville Code of Ordinances, a license must be obtained before operating as a junk dealer. Licensure is valid from the date of the license through the following April 30. The fee is \$100.00.

To complete the application:

1. Fill in the Application for a Junk Dealer License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business.
2. For new applicants OR applicants changing their business plan, contact the Inspectional Services Department to arrange an inspection and a sign-off on the Application as follows:  
Inspectional Services Department  
Franeys Road (Department of Public Works)  
617 625-6600 x5600  
Monday–Friday, 8:00 AM – 4:00 PM
3. For new applicants OR applicants changing their business plan, contact the Police Department to obtain the approval of the Police Chief, as follows:  
Police Department  
220 Washington Street  
617 625-6600 x7200  
Monday–Friday, 8:30 AM – 4:00 PM
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows. It is important that YOU obtain the sign-off on the Certificate of Good Standing.  
Treasury  
93 Highland Avenue (City Hall)  
617 625-6600 x3500  
Monday–Wednesday, 8:30 AM – 4:00 PM  
Thursday, 8:30 AM – 7:00 PM  
Friday, 8:30 AM – 12:00 PM
5. Return all materials to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward the application to the Board of Aldermen for consideration. The Board usually meets on the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

## APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$100.00

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

☐ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business (Check one):      ☐ Individual    ☐ Sole Proprietorship  
   ☐ Corporation    ☐ Association    ☐ Partnership

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A CORPORATION OR ASSOCIATION:

President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner 2's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Will you lend money on the security of personal property lent to you?      \_\_\_\_ Yes      \_\_\_\_ No

Describe your business plan: \_\_\_\_\_

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS PLAN:

#### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be:      \_\_\_\_ Approved      \_\_\_\_ Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be:      \_\_\_\_ Approved      \_\_\_\_ Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONDITIONS

1. I certify that I am a citizen of the United States.
2. I will not primarily engage in the picking, sorting or storage of rags or waste papers.
3. I will not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.
4. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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\* Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

***WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.***

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: \_\_\_\_\_
2. Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_ **ORIGINAL STAMP:**

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Please PRINT legibly

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

state: \_\_\_\_\_

zip: \_\_\_\_\_

phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

☐ I am a sole proprietor and have  
no one working in any capacity.

**Business Type:**

☐ Retail

☐ Restaurant/Bar/Eating Establishment

☐ I am an employer with \_\_\_\_\_ employees (full & part time).

☐ Office  
☐ Other

☐ Sales (including Real Estate, Autos etc.)

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_

policy #: \_\_\_\_\_

☒ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_

**phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_

**policy #:** \_\_\_\_\_

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_

**phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_

**policy #:** \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**official use only    do not write in this area    to be completed by city or town official**

**city or town:** \_\_\_\_\_ **permit/license #:** \_\_\_\_\_

☐ check if immediate response is required

**contact person:** \_\_\_\_\_ **phone #:** \_\_\_\_\_

(revised Sept. 2003)

☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_